

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/08/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/19/2011	
NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN47356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 4/15/11.</p> <p>Survey date: May 19, 2011</p> <p>Facility number: 000343 Provider number: 155486 AIM number: 100289600</p> <p>Survey team: Barbara Gray, RN -TC Karina Gates, Generalist Surveyor</p> <p>Census bed type: SNF/NF: 21 Total: 21</p> <p>Census payor type: Medicare: 1 Medicaid: 18 Other: 2 Total: 21</p> <p>Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 20, 2011 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0371 SS=F	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions			F0371	1. there werer no residents affected by this practice.2. The 3 gallons of opened milk , 2 packages of 12 count honey hamburger buns and 5 packages of 8 count hot dog buns that were outdatred were disposed of immediately preventing all residents from potential of being affected.3 on June 1, 2011 a mandatory directed in-service was held for all dietary staff, by a registered dietician. Please see attached.New policy and proceudres have been put into place for dating of food upon delivery, removing from freezer and upon openning, also for rotation of stock using the first in first out method (see attached)4. the am cook will check all food opened and unopened daily in the morning before food service is started. The pm cook will check all food openend and unopened daily in the evening before leaving at the end od his or her shift.Documentation will be completed on the attached daily food monitoring log.This will be monitored by the food service manager or designee at least 3 x per week for 6 weeks by checking		06/01/2011

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	<p>Based on observation and interview, the facility failed to dispose of food items that were outdated. This had the potential to affect 21 of 21 residents who receive meals from 1 of 1 dietary kitchen.</p> <p>Findings include:</p> <p>During initial tour of the dietary department accompanied by the Dietary Manager on 5/19/11 at 9:45 A.M., the following was observed.</p> <ol style="list-style-type: none"> 1.) 3 gallons of opened milk in the refrigerator with a use by date of 5/12/11. 2.) 2 packages of 12 count honey hamburger buns in the storage room with a best by date of 5/11/11. 3.) 5 packages of 8 count hot dog buns in the storage room with a best by date of 5/18/11. <p>An interview with the Dietary Manager on 5/19/11 at 9:50 A.M., indicated the milk should have been thrown out. The Dietary Manager indicated he just</p>				<p>dates on all food opened or unopened and the food monitoring log to ensure no problems are identified. Food service Manager or designee will monitor and document at least 1 time monthly to ensure policies are being adhered to. The results of the monitoring will be presented at quality assurance meetings.</p>		

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	purchased the buns from the "Wonder Store" yesterday (5/18/11), and stated "I'm sure they are still good". 3.1-21(i)(3)						